

**2019 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N11000001637

**Entity Name:** MT. PLEASANT MINISTRIES OF CAPPS, INCORPORATED

**Current Principal Place of Business:**

9472 SOUTH JEFFERSON STREET  
U.S. HIGHWAY 19 SOUTH  
CAPPS, FL 32344

**Current Mailing Address:**

PO BOX 805  
MONTICELLO, FL 32344

**FEI Number:** 59-3667490

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

HOWARD, CARRIE MPH.D  
73 HICKS ROAD  
LAMONT, FL 32336-7242 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** CARRIE HOWARD

07/16/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name SMITH, CHARLES SR.  
Address 8175 ELYSIAN WAY  
City-State-Zip: TALLAHASSEE FL 32311

Title D  
Name HOWARD, CARRIE MDR.  
Address 73 HICKS ROAD  
City-State-Zip: LAMONT FL 32336

Title TD  
Name GARMON, OTIS  
Address 35 ALEXANDER ROAD  
City-State-Zip: LAMONT FL 32336

Title D  
Name GARMON, SOPHIA  
Address 35 ALEXANDER ROAD  
City-State-Zip: LAMONT FL 32336

Title TRUSTEE  
Name SEABROOKS, MICHELLE  
Address 9472 SOUTH JEFFERSON STREET  
U.S. HIGHWAY 19 SOUTH  
City-State-Zip: CAPPS FL 32344

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CARRIE HOWARD

ASSISTANT PASTOR

07/16/2019

Electronic Signature of Signing Officer/Director Detail

Date